



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
CODES ENFORCEMENT SECTION**
Davy Crockett Tower, Third Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1162
Phone (615) 741-7190
FAX: 741-1583

**TENNESSEE MODULAR BUILDING UNIT CERTIFICATION LABELS
TO MODULAR BUILDING UNIT MANUFACTURERS INSTRUCTIONS**

All Tennessee Modular Building Unit Manufacturers will order their Tennessee Modular Building Unit Certification Labels from their Third Party Construction Inspection Agency (CIA) using this form. (Request and Payment for Modular Labels)

Tennessee Modular Building Unit Manufacturer

The Tennessee Modular Building Unit Manufacturer will complete only Section "A" of the form. The form will then be sent to the manufacturer's Third Party Construction Inspection Agency (CIA) along with the required check in the amount of the label order made payable to "The State of Tennessee, Department of Commerce and Insurance".

Third Party Construction Inspection Agency (CIA)

Upon receipt of the Request and Payment for Modular Labels form from the Tennessee Modular Building Unit Manufacturer the Third Party Construction Inspection Agency (CIA) representative will complete only Section "B". The Third Party Construction Inspection Agency (CIA) will assign the Tennessee Modular Building Unit Certification Label number(s) and then forward the completed form and check to the Department for processing.

Important !! Please Read and Follow!!

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay and possible shortage of labels.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190 or E-mail at mike.bartlett@state.us.tn.



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REQUEST AND PAYMENT FOR MODULAR LABELS

SECTION "A"

(To be completed by Modular Building Unit Manufacturer)

Corporate Name: _____

Modular Manufacturer Name: _____

Manufacturer Mailing Address: _____
(Street or P. O. Box)

(City) (State) (Zip Code) (County)

Telephone: () _____ FAX: () _____

E-Mail Address: _____

Authorized Representative: _____
(Print Name and Sign)

We hereby request that our Construction Inspection Agency (CIA), _____,
Code: _____, for the above Modular Building Unit Manufacturing Facility issue
_____ (quantity) Tennessee Modular Building Certification Labels to be affixed to
Modular Building Units and/or Components manufactured in the above facility. Enclosed
is our Check No. _____ dated ____ / ____ / 20____ in the amount of \$
_____. 00.

Check must be made payable to: **The State of Tennessee, Department of
Commerce and Insurance.**

Total No. of Labels Requested: _____ x \$50.00 = \$ _____ . 00

Amount of Check Enclosed: \$ _____ . 00

**Manufacturer to list all Tennessee Modular Building Certification Labels currently
assigned to and not affixed at the time of this request:** _____

MANUFACTURER'S INSTRUCTIONS:

Copy and Complete form. Modular Building Manufacturer, submit this completed form, in triplicate to your Construction Inspection Agency (CIA) along with your check made payable to: **The State of Tennessee, Department of Commerce and Insurance,** in order to have Tennessee Modular Certification Labels assigned to your facility without a delay in processing.

SECTION "B"

(To be completed by Construction Inspection Agency (CIA))

The following unissued Tennessee Modular Certification Label numbers are assigned to the specific Modular Building Unit Manufacturing Facility identified above:

(1) Labels: TN _____ thru and including TN _____ = _____ (Quantity)

(2) Labels: TN _____ thru and including TN _____ = _____ (Quantity)

(3) Labels: TN _____ thru and including TN _____ = _____ (Quantity)

Total Number of Labels Issued (1+2+3): _____ (Quantity)

Date: _____ / _____ / 20_____

CIA Code: _____

Construction Inspection Agency (CIA): _____

Telephone: () _____ FAX: () _____

E-Mail Address: _____

Signature: _____

Print Name: _____ Title: _____

CONSTRUCTION INSPECTION AGENCY'S (CIA) INSTRUCTIONS:

Please mail the original completed label order form along with the Modular Building Manufacturer's check made payable to: **The State of Tennessee, Department of Commerce and Insurance,** to the Department at the address listed above. Return one (1) copy of the completed label order form to the Modular Building Manufacturer with the label order. Construction Inspection Agency (CIA) is to file the remaining completed copy for their records. Any variation from the required label ordering process may possibly result in a delay in the issuance of labels.
